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CONFIRMATION NO. 4293

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|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------|
| SERIAL NUMBER 10/710,294 | FILING DATE 06/30/2004 RULE | CLASS 342 | GROUP ART UNIT 3662 | ATTORNEY DOCKET NO. F-871 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------|

APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/521,613 06/06/2004
 and claims benefit of 60/521,747 06/29/2004 *
 (*)Data provided by applicant is not consistent with PTO records. *By*

** FOREIGN APPLICATIONS *****

NONE *By*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 08/02/2004

| | | | | | |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i> | STATE OR COUNTRY CT | SHEETS DRAWING 4 | TOTAL CLAIMS 16 | INDEPENDENT CLAIMS 2 |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|

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 919
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TITLE
 METHOD AND SYSTEM FOR DETERMINING LOCATION BY IMPLICATION

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| <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) |
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| <p>FILING FEE</p> <p>RECEIVED 900</p> | <p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p> | <p><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</p> <p><input type="checkbox"/> 1.18 Fees (Issue)</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Credit _____</p> |
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